

WSC - Quarterly Review

Assessment and Interview Date: _____

Name of Individual: _____

MEDICAL

Medication Changes: _____

Medical Visits for the Quarter:

Appointments Scheduled:

Diagnosis or new problem ID:

PROGRAMMATIC:

Goals identified:

1) _____

2) _____

Progress towards meeting goals:

EDUCATIONAL ACTIVITIES:

COMMUNITY ACTIVITIES:

How does individual make choices?

Service Satisfaction:

Are there any concerns or issues you would like WSC to assist you with?

RECREATIONAL:

What do you like to do during your free time? _____

SAFETY:

Do you know what to do if you do not feel safe? _____

Do you have a phone on you at all times? _____

Life Experience (Behavioral & Emotional):

Exposure:

Experience:

Empower:

WSC observation of individual at the time of visit:

Plan of action:

Individual Signature if changes are to be made_____.

Type of changes to be made: _____

Date of signature.